

*Reports*

<b>GENERAL SERVICES ADMINISTRATION</b> <b>NATIONAL ARCHIVES AND RECORDS SERVICE</b> <b>VITAL RECORDS PROTECTION STATUS REPORT</b> (PART I - EMERGENCY OPERATING RECORDS)		1. PROGRAM STATUS AS OF (Month, day, year)  <div style="text-align: center; font-weight: bold;">March 12, 1965</div>			
<b>INSTRUCTIONS</b> Please submit this report in duplicate to the address shown below. A separate report shall be prepared for each individually-operated vital records program.					
<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p><b>TO:</b> General Services Administration            National Archives and Records Service            Office of Federal Records Centers            Washington, D.C. 20408</p> </div>					
2. DEPARTMENT OR AGENCY <div style="font-weight: bold;">Central Intelligence Agency</div>		3. BUREAU, SERVICE OR OFFICE			
4. REPORT COVERS <input checked="" type="checkbox"/> a. TOTAL ORGANIZATION <input type="checkbox"/> b. HEADQUARTERS ONLY <input type="checkbox"/> c. REGIONAL OR FIELD OFFICE					
5. ADDRESS OF REPORTING OFFICE (Number, street, city, State and code) <div style="font-weight: bold;">2430 E Street, NW., Washington, D. C. 20505</div>					
6. PROGRAM STATUS-					
DESCRIPTION		PHASE (Check) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">COMPLETE (1)</th> <th style="width: 50%;">INCOMPLETE (2)</th> </tr> </table>		COMPLETE (1)	INCOMPLETE (2)
COMPLETE (1)	INCOMPLETE (2)				
a. DEFINITIVE PLANS PREPARED, REPRODUCED AND DISTRIBUTED TO KEY PERSONNEL		<input checked="" type="checkbox"/>			
b. RECORDS SELECTED		<input checked="" type="checkbox"/>			
c. RECORDS POSITIONED AT LOCATION(S)		<input checked="" type="checkbox"/>			
d. APPROPRIATE EQUIPMENT AVAILABLE AT LOCATION(S)		<input checked="" type="checkbox"/>			
7. REASON(S) FOR UNCOMPLETED PROGRAM ACTIONS (Give brief explanation for each item checked incomplete in item 6)  <div style="font-weight: bold; font-size: 1.2em;">Not Applicable</div>					
8. PROGRAM REVIEWED <input checked="" type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. SEMIANNUALLY <input type="checkbox"/> c. OTHER (Specify)					
9. LOCATION(S) OF PROTECTED RECORDS					
a. CITY, STATE AND ZIP CODE	b. STREET ADDRESS	c. ROOM NO.			
<b>Classified Information</b>					

10.

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DESCRIPTION OF RECORDS AT LOCATIONS  
 FILE RECORD SERIES, DOCUMENT, OR PUBLICATION TITLE (Example: Quarterly reports -  
 Available supplies of product X; Roster of technicians qualified for emergency water testing)  
 a.

RECORDING MEDIUM (Paper,  
 microfilm, punch-cards, etc.)  
 b.

Classified Information

Minimum volume of emergency operating records essential to  
 carrying on the war time mission of this Agency.

Paper, Microfilm,  
 Punch Cards, and  
 Other means.

11.

REPORTED BY (Official responsible for Vital Records Program)

SIGN

NAME AND TITLE

BRAN

Chief, Records Administration Staff

(Or code) AND EXT

<b>GENERAL SERVICES ADMINISTRATION</b> <b>NATIONAL ARCHIVES AND RECORDS SERVICE</b> <b>VITAL RECORDS PROTECTION STATUS REPORT</b> <b>(PART II - RIGHTS AND INTERESTS RECORDS)</b>		1. PROGRAM STATUS AS OF (Month, day, year)  <div style="text-align: center;"><b>March 12, 1965</b></div>
<b>INSTRUCTIONS</b> Please submit this report in duplicate to the address shown below. This report is to be filled-out for the same organizational elements for which GSA Form 2034, dealing with emergency operating records, was completed.		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p><b>TO:</b></p> </div> <div> <p>General Services Administration            National Archives and Records Service            Office of Federal Records Centers            Washington, D.C. 20408</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> </div> </div>		
2. DEPARTMENT OR AGENCY <div style="text-align: center;"><b>Central Intelligence Agency</b></div>	3. BUREAU, SERVICE OR OFFICE	
4. REPORT COVERS <input checked="" type="checkbox"/> a. TOTAL ORGANIZATION <input type="checkbox"/> b. HEADQUARTERS ONLY <input type="checkbox"/> c. REGIONAL OR FIELD OFFICE		
5. ADDRESS OF REPORTING OFFICE (Number, street, city, State and code) <div style="text-align: center;"><b>2430 E Street, NW., Washington, D. C. 20505</b></div>		
6. PROGRAM FOR SELECTING AND PROTECTING RIGHTS AND INTERESTS RECORDS HAS BEEN INITIATED <input checked="" type="checkbox"/> a. YES (See items 7 and 8) <input type="checkbox"/> b. NO (See item 9)		
7. PRESENT STATUS OF PROGRAM MEASURED IN TERMS OF OVERALL PROGRAM OBJECTIVES (Complete only if item 6. checked "Yes")  <div style="text-align: center; padding: 10px;"><b>Program fully operative.</b></div>		
8. LOCATION(S) OF PROTECTED RECORDS (Complete only if item 6 checked "Yes")		
a. CITY, STATE AND ZIP CODE	b. STREET ADDRESS	c. ROOM NO.
<b>Classified Information.</b>		
9. REASON FOR LACK OF PROGRAM (Complete only if item 6 checked "No")  <div style="text-align: center; padding: 10px;"><b>Not Applicable.</b></div>		
10. TARGET DATE FOR STARTING PROGRAM (If item 6. was checked "No" and target date not established, enter "None") <div style="text-align: center;"><b>Approved For Release 2005/11/21 : CIA-RDP70-00211R000500100029-3</b></div>		

11.

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FILE RECORD SERIES, DOCUMENT OR PUBLICATION TITLE (Example: Claim folders -  
property damage - settled cases; Research reports - desalinization - unpublished)  
a.RECORDING MEDIUM (Paper,  
microfilm, punch-cards, etc.)  
b.**CLASSIFIED INFORMATION**

Records deemed essential to protect the rights and interests of employees and those considered absolutely essential to reconstruction of the Agency in the event of an emergency.

Paper, Microfilm,  
Punch Cards, and  
Other means.

12.

REPORTED BY (Official immediately responsible for Vital Records Program)

SIGNATURE

NAME AND TITLE (Please print)

BRANCH

Chief, Records Administration Staff

TELEPHONE NO. (Or code) AND EXT.

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